



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNITY MEDICAL AND SURGICAL HOSPITAL

City of Hospital: Mishawaka

Year Begin: 01/01/2015 (mm/dd/yyyy format)

Year End: 12/31/2015 (mm/dd/yyyy format)

Person Completing the Report: Denys Boyer

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Medicare Provider Number: 150177

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$71932397
Outpatient Patient Service Revenue	\$32974568
Total Gross Patient Service Revenue	\$104906965

2. Deductions From Revenue

Contractual Allowance	\$63165102
Other Deductions	\$0
Total Deductions	\$63165102

3. Total Operating Revenue

Net Patient Service Revenue	\$41741863
Other Operating Revenue	\$157475
Total Operating Revenue	\$41899338

4. Operating Expenses

Salaries and Wages	\$5508653	Employee Benefits	\$589160
Depreciation and Amortization	\$3448434	Interest Expense	\$3771462
Bad Debt	\$5051698	Other Expenses	\$27871631
Total Operating Expenses	\$46241038		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-4341701	Total Assets	\$32080916
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$47152470

Total Net Gains	\$-4341701
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$36602847	\$29697839	\$6905008
Medicaid	\$2149247	\$1867420	\$281827
Other Government	\$2609495	\$2010012	\$599483
Other State	\$0	\$0	\$0
Other Payers	\$63545376	\$29589831	\$33955545
Total	\$104906965	\$63165102	\$41741863

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$41279	\$-41279

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$124896	\$-124896
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$65
Number of Hospital Patients Educated	\$2682
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$105633	
HCI Payments	\$0		
Subtotal	\$0	\$105633	\$-105633
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$198000	\$-198000
Other Allocations	\$0	\$0	\$0

Comments

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